



ATTORNEY DOCKET NO. PRES06-00163
Customer No. 23990

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of : Ronald A. Schachar
U.S. Serial No. : 09/556,143
Filing Date : April 21, 2000
Examiner : David M. Shay
Group Art Unit : 3735
Title : SEGMENTED SCLERAL BAND FOR TREATMENT OF
PRESBYOPIA AND OTHER EYE DISORDERS

MAIL STOP AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

CERTIFICATE OF MAILING BY FIRST CLASS MAIL

Sir:

The undersigned hereby certifies that the following documents:

1. Notice of Appeal;
2. Pre-Appeal Brief Request for Review;
3. Fee Transmittal for FY 2008 (in duplicate);
4. Check in the amount of \$630.00 for the Notice of Appeal filing fee (\$510.00) and 1 month Extension of Time filing fee (\$120.00);
5. Petition for Extension of Time (1 month); and
6. Postcard Receipt

relating to the above application, were deposited as "First Class Mail" with the United States Postal Service, addressed to MAIL STOP AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on July 8, 2008.

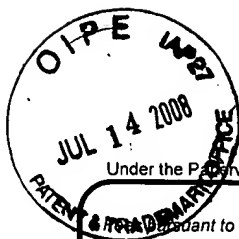
Date: July 8, 2008

Date: July 8, 2008

Kathy Hagelton
Mailer

William A. Munck
William A. Munck
Reg. No. 39,308

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PTO/SB/17 (10-07)

Approved for use through 06/30/2010. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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Effective on 12/08/2004.

Not subject to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

For FY 2008

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 630.00

Complete if Known

| | |
|----------------------|--------------------|
| Application Number | 09/556,143 |
| Filing Date | April 21, 2000 |
| First Named Inventor | Ronald A. Schachar |
| Examiner Name | David M. Shay |
| Art Unit | 3735 |
| Attorney Docket No. | PRES06-00163 |

METHOD OF PAYMENT (check all that apply)☒ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____☒ Deposit Account Deposit Account Number: 50-0208 Deposit Account Name: Munck Carter, P.C.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below☐ Charge fee(s) indicated below, **except for the filing fee**☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17☒ Credit any overpayments**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fees Paid (\$) |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|----------------|
| | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | |
| Utility | 310 | 155 | 510 | 255 | 210 | 105 | |
| Design | 210 | 105 | 100 | 50 | 130 | 65 | |
| Plant | 210 | 105 | 310 | 155 | 160 | 80 | |
| Reissue | 310 | 155 | 510 | 255 | 620 | 310 | |
| Provisional | 210 | 105 | 0 | 0 | 0 | 0 | |

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues)

Fee (\$)**Small Entity Fee (\$)**

50

25

Each independent claim over 3 (including Reissues)

210

105

Multiple dependent claims

370

185

Total Claims**Extra Claims****Fee (\$)****Fee Paid (\$)**

- 20 or HP = _____

x

\$50

=

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims**Extra Claims****Fee (\$)****Fee Paid (\$)**

- 3 or HP = _____

x

\$210

=

HP = highest number of independent claims paid for, if greater than 3.

Multiple Dependent Claims**Fee (\$)****Fee Paid (\$)****3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets**Extra Sheets****Number of each additional 50 or fraction thereof****Fee (\$)****Fee Paid (\$)**

- 100 = _____

/ 50 = _____

(round up to a whole number)

x

=

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Fees Paid (\$)

Other (e.g., late filing surcharge): Notice of Appeal (\$510.00) & Extension of Time (1 month) (\$120.00)

\$630.00

SUBMITTED BY

Signature

Registration No.
(Attorney/Agent) 39,308

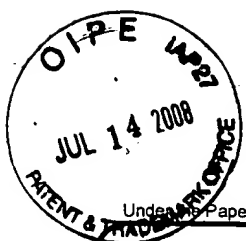
Telephone 972-628-3600

Name (Print/Type) William A. Munck

Date July 8, 2008

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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DUPLICATE

PTO/SB/17 (10-07)

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FEE TRANSMITTAL
For FY 2008☐ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$) 630.00**Complete if Known**

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☐ Charge fee(s) indicated below☐ Charge fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17☒ Credit any overpayments**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

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| Plant | 210 | 105 | 310 | 155 | 160 | 80 | |
| Reissue | 310 | 155 | 510 | 255 | 620 | 310 | |
| Provisional | 210 | 105 | 0 | 0 | 0 | 0 | |

2. EXCESS CLAIM FEES

| Fee Description | Fee (\$) | Small Entity Fee (\$) |
|--|----------|-----------------------|
| Each claim over 20 (including Reissues) | 50 | 25 |
| Each independent claim over 3 (including Reissues) | 210 | 105 |
| Multiple dependent claims | 370 | 185 |

| Total Claims | Extra Claims | Fee (\$) | Fee Paid (\$) | Multiple Dependent Claims |
|--|--------------|----------|---------------|---------------------------|
| - 20 or HP = | x | \$50 | = | |
| HP = highest number of total claims paid for, if greater than 20. | | | | |
| Indep. Claims | Extra Claims | Fee (\$) | Fee Paid (\$) | |
| - 3 or HP = | x | \$210 | = | |
| HP = highest number of independent claims paid for, if greater than 3. | | | | |

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| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) |
|--------------|--------------|--|----------|---------------|
| - 100 = | / 50 = | (round up to a whole number) x | = | |

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Notice of Appeal (\$510.00) & Extension of Time (1 month) (\$120.00) **Fees Paid (\$)** 630.00**SUBMITTED BY**

Signature

Registration No. 39,308
(Attorney/Agent)

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